

Health Security for Rural and Small Town America

Across America we're seeing a deepening appreciation for rural America and our quality of life. People are beginning to understand what Iowans have known for years – rural communities are great places to live, work, and raise a family.

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That doesn't mean that rural America doesn't face it's own unique challenges, especially in the area of health care. It's no secret that Americans living in rural areas have a harder time accessing quality health care services than their urban counterparts. More than 20 million rural Americans – over 37 percent – have inadequate access to health care services.

Too often, simple checkups or other smart preventive measures are put off because the doctor or health facility is just too far away. That means that minor, inexpensive health problems can become serious, even life threatening illnesses.

That's why I worked hard to pass my Rural Health Initiative, and was so pleased when President Bush signed it into law a few months ago. My plan is focused on three areas that are critical to improving health care access in rural communities.

First, there simply aren't enough doctors and other health professionals practicing in our small towns and rural areas. Despite the fact that 20 percent of the country's population lives in rural areas, only 9 percent of physicians practice there. That's why my plan increased funding to recruit primary care providers to rural areas through the National Health Service Corps.

Second, even with more health professionals, too many Iowans are without basic health insurance. That's where community health centers come in. We've worked to open community health centers in Des Moines, Council Bluffs, Ottumwa, Sioux City, Davenport and Waterloo. The Rural Health Initiative boosts funding for Community Health Centers by an additional \$175 million. This will help us open new community health centers in Burlington, Marshalltown, and an additional center in Des Moines. These new centers will provide critical health care services to the uninsured and under-insured.

The third key component of the Rural Health Initiative is the new Rural Hospital Grants program. These grants will help Iowa's small rural hospitals cut through the red tape and paperwork that goes with running a hospital. That means less time with paperwork and more time providing health care to Iowans.

These improvements are all steps toward bettering health care in rural Iowa. But there's one big step we need to take that will improve health care for seniors across rural America – we must boost Medicare reimbursement rates.

Currently, Medicare pays health providers in Iowa and other rural states less than it pays providers in more urban states. In fact, Iowa ranks last among the fifty states in Medicare reimbursement rates. This low payment rate makes it even more difficult to recruit and retain the quality providers we have come to expect throughout Iowa's rural communities.

I've introduced bipartisan legislation, called the FAIR Act, that would increase Medicare payments for Iowa to improve Medicare covered services for our seniors. By replacing the current system of Medicare payments with one that is more equitable, my legislation would bring more than \$1 billion back to Iowa's health care system.

Taken together, my Rural Health Initiative and the FAIR Act would provide a big boost to health care in Iowa. While we've passed the Rural Health Initiative, I'm going to keep working to bring more fairness to Medicare payments so Iowans get the health care they deserve.